

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3rd FLOOR
PO BOX 83720
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY

0560
1315-10
TOTAL

**STATEMENT OF IDAHO RESIDENT & NON-RESIDENT
SURPLUS LINE BROKERS**

IDAHO S/L BROKER NUMBER	
S/L BROKER'S NAME	FOR CALENDAR YEAR ENDING DECEMBER 31, 2005
MAILING ADDRESS	

Reference: Idaho Code § 41-1229 and 41-1230.

1. Net premiums charged, exclusive of sums collected to cover stamping fees and taxes. \$ _____
2. Net taxable premiums \$ _____ X 2.75% rate. \$ _____
3. Plus penalty, if due (\$25.00 per day of delinquency - Idaho Code § 41-1230). \$ _____

TOTAL TAXES AND PENALTIES DUE MARCH 1, 2006.

\$ _____

Make your check payable to: **Idaho Department of Insurance.**

SEND TO: 700 West State Street, 3rd Floor, Boise, ID 83720-0043

There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.

Your canceled check is your receipt.

- **DO NOT SEND THIS FORM TO THE SURPLUS LINE ASSOCIATION
OR INCLUDE THE SURPLUS LINE ASSOCIATION DUES**

Under penalty of perjury, I declare that this statement (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete statement.

Date

Signature

(_____) _____
Telephone Number Ext.

Name and Title (Type or Print)